

STATE BAR COURT
HEARING DEPARTMENT - SAN FRANCISCO
CASE NO. _____

REQUEST FOR CONFIDENTIAL EARLY NEUTRAL EVALUATION CONFERENCE

Requesting party:		PLEASE TYPE OR PRINT LEGIBLY	
<input type="checkbox"/> Office of the Chief Trial Counsel <input type="checkbox"/> Member <input type="checkbox"/> Counsel for Member <input type="checkbox"/> Both Parties <input type="checkbox"/> If OCTC request, check here to indicate case has been released. (If data entry not done, request will be rejected.)			
Requesting party MUST fill in the following information:			
Deputy Trial Counsel: _____		Membership No: _____	
		Telephone No: _____	
		Fax No: _____	
Member: _____		Membership No: _____	
		Telephone No: _____	
		Fax No: _____	
Counsel for Member (if applicable): _____		Membership No: _____	
		Telephone No: _____	
		Fax No: _____	
Joint availability dates of parties: <i>[Please provide the Court with a minimum of two dates including available times]</i>			
<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this request form to:

State Bar Court
180 Howard Street, 6th Floor
San Francisco, CA 94105-1639
Fax No. (415) 538-2043

.....
(For State Bar Court Use Only)

ENEC Judge assigned: _____

Requesting party notified
of ENEC date/time on _____

Date Assigned: _____

By: _____

ENEC date/time: _____

Case Administrator